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§21–2A–05.

(a) There is an Advisory Board on Prescription Drug Monitoring in the Department.

(b) The Board shall consist of the following members:

(1) The Secretary, or the Secretary's designee;

(2) The President of the State Board of Pharmacy, or the President's designee;

(3) The Chair of the State Board of Physicians, or the Chair's designee;

(4) The President of the State Board of Nursing, or the President's designee;

(5) The President of the State Board of Dental Examiners, or the President's designee;

(6) The President of the State Board of Podiatric Medical Examiners, or the President's designee;

(7) The Chairman of the Maryland Health Care Commission, or the Chairman's designee;

(8) Four physicians and one nurse practitioner with expertise in clinical treatment using controlled dangerous substances, including pain management, substance abuse, and behavioral disorders, appointed by the Secretary after consultation with:

(i) For the physician appointments, MedChi, The Maryland State Medical Society, the Maryland Physical Medicine and Rehabilitation Society, the Maryland Society of Anesthesiologists, the Maryland–D.C. Society of Clinical Oncology, the Hospice and Palliative Care Network of Maryland, and the Maryland Chapter of the American Academy of Pediatrics; and

(ii) For the nurse practitioner appointment, the Maryland Nurses Association;

(9) One pediatrician, appointed by the Secretary after consultation with the Maryland Chapter of the American Academy of Pediatrics;

(10) Three pharmacists who represent the perspective of independent and chain pharmacies, appointed by the Secretary after consultation with the Maryland Pharmacists Association, the Maryland Association of Chain Drug Stores, and any other appropriate organization;

(11) A local law enforcement official, appointed by the Secretary after consultation with the Maryland Chiefs of Police Association and the Maryland Sheriff's Association;

(12) The Secretary of State Police, or the Secretary's designee;

(13) The President of the Maryland Association of County Health Officers, or the President's designee;

(14) An academic or research professional; and

(15) Two Maryland residents who represent the perspective of patients, appointed by the Secretary.

(c) The Secretary shall designate the chair of the Board.

(d) (1) The term of a member appointed by the Secretary is 3 years.

(2) The terms of members appointed by the Secretary are staggered as required by the terms provided for members of the Board on October 1, 2011.

(3) If a vacancy occurs during the term of an appointed member, the Secretary shall appoint a successor who shall serve until the term expires.

(e) A member of the Board:

(1) May not receive compensation as a member of the Board; but

(2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The Board shall:

(1) Meet not fewer than three times annually;

(2) Make recommendations to the Secretary relating to the design and implementation of the Program, including recommendations relating to:

(i) Regulations;

(ii) Legislation; and

(iii) Sources of funding, including grant funds under the Harold Rogers Prescription Drug Monitoring Program and other sources of federal, private, or State funds;

(3) Provide annually to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly a report that includes:

(i) The number of prescribers and prescriber delegates registered with and using the Program;

(ii) The number of pharmacists and pharmacist delegates registered with and using the Program;

(iii) The number of disclosures made to federal law enforcement agencies or State or local law enforcement agencies;

(iv) An analysis of the impact of the Program on patient access to pharmaceutical care and on curbing prescription drug diversion in the State;

(v) 1. The number of providers, by provider type, who received outreach and education from the Program; and

2. The number of cases for which the providers received outreach and education from the Program;

(vi) 1. The number of cases that were identified for technical advisory committee review before referral to the Office; and

2. The number of providers, by provider type, involved in the cases;

(vii) 1. The number of cases that were referred to the Office for further evaluation and the outcomes of the Office evaluations; and

2. The number of providers, by provider type, involved in the cases; and

(viii) Any recommendations related to modification or continuation of the Program; and

(4) Provide ongoing advice and consultation on the implementation and operation of the Program, including recommendations relating to:

(i) Changes in the Program to reflect advances in technology and best practices in the field of electronic health records and electronic prescription monitoring;

(ii) Changes to statutory requirements; and

(iii) The design and implementation of an ongoing evaluation component of the Program.

(g) The Secretary and the Board shall consult with stakeholders and professionals knowledgeable about prescription drug monitoring programs as appropriate to obtain input and guidance about implementation of the Program.

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